

**UNITED STATES MARINE CORPS
MARINE CORPS BASE
PSC Box 20004
Camp Lejeune, North Carolina 28542-0004**

**IN REPLY REFER TO:
1710/19
SPOR/DR**

MEMORANDUM

From: Intramural Sports Coordinator, Semper Fit Sports, MCCS, Marine Corps Base, Camp Lejeune, NC

To: Commanding Officer _____

Sub: LETTER OF INTENT TO PARTICIPATE IN: 2010 INTRAMURAL TACKLE FOOTBALL LEAGUE

Encl: (1) Coach's Information Form
(2) Team Roster

1. Your unit has expressed an interest in participating in the subject sports program.
2. With your approval a designated SNCO or Officer may draw uniforms and equipment from the Athletic Equipment Warehouse, Bldg. 1108 on a temporary loan basis. This equipment must be returned within 15 days after the completion of league play. In the event that the property is not returned within the 15 days then the unit will be subject to having their U&FRF funds garnished from their account.
3. Each Responsible Officer will be issued a sub-checkout form to assist the Head Coach in transferring accountability of assigned equipment to the individuals. Pay checkage on the responsible individual will begin if the CO determines the individual is the responsible party for the missing equipment.
4. If additional information is required, please contact Mr. Antonio L. Warner at telephone number 451-2061 or warneral@usmc-mccs.org.

ANTONIO L. WARNER

FIRST ENDORSEMENT

From: Commanding Officer

To: Intramural Sports Coordinator, Semper Fit Sports

1. Returned.
2. _____ It is requested uniforms and equipment be issued. OR
_____ The command will purchase uniforms for the team.
3. The following individual will be signing for uniforms and equipment:

Team Coach _____

Work Number _____

Cell Number _____

COMMANDING OFFICER

INTENT TO PARTICIPATE UNIT/COACH'S INFORMATION FORM
(PLEASE PRINT ALL INFORMATION REQUESTED)

UNIT: _____
(COMPLETE NAME)

HEAD COACH: _____
(RANK, LAST NAME, FIRST INT.)

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

ASST COACH: _____
(RANK, LAST NAME, FIRST INT.)

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

UNIT SGTMAJ: _____

Note 1: Please provide accurate information and update any information that changes during the season. If I cannot contact the Head Coach or Asst. Coach, I will contact the unit SgtMaj/CSMC and request he/she pass information to the unit team.

Note 2: All uniforms and equipment must be returned to the Athletic Warehouse Bldg. 1108 within 15 days after the conclusion of league play. Failure to return Athletic equipment will result in a letter being sent to the unit SgtMaj/CSMC for appropriate action. Also, in the event that the property is not returned within the 15 days allowed, then the unit will be subjected to having their U&FRF funds garnished from their unit account.

OFFICIAL TEAM ROSTER FOR INTRAMURAL SPORTS

(USAREUR Cir 215-2)

UNIT NAME:	TEAM NAME:	SPORT: INTRAMURAL TACKLE FOOTBALL LEAGUE
------------	------------	--

LOCATION:
CAMP LEJEUNE

POC: MR. ANTONIO WARNER	NAME AND SIGNATURE OF VERIFYING OFFICIAL:
-----------------------------------	---

NO.	FULL NAME OF PARTICIPANT	RANK	SSN LAST 4	JERSEY #	AGE	UNIT	POSITION	HOME TOWN & STATE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

The above personnel are eligible to participate in this competition. This roster will not be altered at the competition site.

NAME/PHONE NUMBER OF SPORTS DIRECTOR ANTONIO L. WARNER 451-2061	SIGNATURE OF SPORTS DIRECTOR
---	------------------------------